Name In Full

Certificate of Death

Carrie Adams

Died at Town: Havre de Grace County: Harford Co MARYLAND

Date 1924 Month: Aug Day: 25 | Age Y. 1 M. 21 D. | Native of: Harford | Occupation: —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name: Caleb Adams Mother's Maiden Name: Susan Shroff

Cause of Death — Primary: Marasmus — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: W C Forbes

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79816

Name in Full: Elwood Thomas Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fallston; County: Harford

Date of death: 1904 August 11 Day

Age: Years 49 Months 1 Days

Sex: Male

Color or Race: White

Birthplace: Belair

Occupation: Harness Maker

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife ~~Husband~~: Annie Anderson

Father's Name: Wm Anderson

Father's Birthplace: Pennsylvania

Mother's Maiden Name: Mary Lamb

Mother's Birthplace: Philadelphia

Name of person giving Imformation: ~~Wife~~ Annie Anderson

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer

How long: 4 Mos.

Immediate: Hemorrhage

How long: — —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. W. Davis M.D

Address: Pleasantville Harford Co. Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full

Certificate of Death

Eleanor Jean Atkins

Died at Town: Cumberland County: Allegany MARYLAND

Date 1904 Month 8 Day 16 | Age Y. 9 M. D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of Wife

Father's Name Robt S. Atkins | Mother's Name Alice Gunfoyle

Cause of Death: Primary Cholera Infantum | How long sick 3 days

Immediate Meningitis | Accident, Suicide, Homicide

Reported by W. Lee Cuney

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full: Elizabeth Sinclair Blackwell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) near Vale (County) Harford

Date of death 1904 — Month: Aug. — Day: 10 — Age: Years 86 yrs — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Samuel Matlack — Father's Birthplace

Mother's Maiden Name: Hannah Williams — Mother's Birthplace

Name of person giving information: ~~Mrs Haines Granddaughter~~ — How related to deceased: Granddaughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas Hollingsworth M.D.

Address: Bel Air Md.

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full: Emma Jane Bond.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Forest Hill. County: Harford Co

Date of death 1904: Month: Aug. Day: 23 Years: Age 3 Months: Days:

Sex: Female. Color or Race: African. Birthplace: Maryland.

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single. Name of Wife or Husband:

Father's Name: George H Bond. Father's Birthplace: Maryland

Mother's Maiden Name: Lucy Perkins. Mother's Birthplace: " "

Name of person giving Imformation: Geo H Bond. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns of 3rd degree. How long: 10 hours.

Immediate: Shock. How long: Immediately.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oscar H. McC Nunn M.D.

Address: Jarrettsville Harford Co

Accident or Suicide? Accident

LIBRARY BUREAU A6881S

Name in Full

Certificate of Death

Julia Ann Butler

Died at Town: near Bush Chapel County: Harford MARYLAND

Data 1904 Month: aug Day: 5 | Aga Y. 55 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colorad | Marriad | ~~Widow~~ ~~Widower~~ X | Divorced | Numbar of children living 6

Husband of Wife Barry Butler

Father's Nama Walter Butler | Mother's Maiden Nama

Cause of Death: Primary | How long sick 7 months

Immediate | Accident, Suicide, Homicida

119

Reported by A. R. Fletcher

Address Bush mill Lavery

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79898

Name in Full — Albert Carter.

Certificate of Death

Died at — Town: H. de Grace. — County: Harford — MARYLAND

Date 1904, Month: Aug. Day: 16 | Age: Y. 2. M. D. | Native of: Maryland | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name: Albert Carter — Mother's Maiden Name: Grace Slite.

Cause of Death: ~~Primary~~ — ; Immediate —

How long sick: since birth.

~~Accident~~, Suicide, ~~Homicide~~

1179

Reported by: Dr. R. H. Smith

Address: Havre de Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72809

Name in Full: William E Chandler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Darlington — County: Harford

Date of death 1904 — Month: Aug — Day: 2

Age — Years: 55 — Months: 11 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Delta Pa

Married, Single or Widowed: Married — Occupation: Harness Maker

Name of Wife or ~~Husband~~: Rachael A Daughtoy

Father's Name: Allison G. Chandler — Father's Birthplace: Pa

Mother's Maiden Name: Mary Anderson — Mother's Birthplace: Md

Name of person giving information: Geo E Chandler — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Uraemia — How long: Six years

Immediate: Heart Failure — How long: Two months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Kirk

Address: Darlington Maryland

PHYSICIAN OR CORONER

LIBRARY BUREAU 33813

Name In Full Annie Jane Cohee

Certificate of Death

Died at (Town) Poolesville (County) Harford MARYLAND

Date 1904 Month Aug Day 27 | Age Y. 44 M. 1 D. 15 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Stephen A Cohee

Father's Name James McElwee

Mother's Maiden Name Martha Bristow

Cause of Death { Primary apoplexy | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Chas E Poth

Address Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: George H. Cunningham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death: Month: Aug — Day: 4 — Age: Years: 96 — Months: 3 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Pa.

Occupation: Farmer — Where Residing if not at place of death: Bel Air

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Irene Bair

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James F. Cunningham — Father's Birthplace: Ind.

Mother's Maiden Name: Elizabeth Stearns — Mother's Birthplace: Ind.

Name of person giving Information: Mrs Mary E. Burkett — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tetanus — How long: 2 days.

Immediate: Respiratory Paralysis — How long: Instant.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Russell D. Coppuck

Address: Bel Air.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ida B. Daugerty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hickory — County: Harford

Date of death 1904: Month: Aug — Day: 29 — Years: 7 — Months: 8 — Days:

Sex: Female — Color or Race: Black — Birthplace: Ind.

Occupation: ——— — Where Residing if not at place of death: "

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: ———

Father's Name: Ambrose Daugerty — Father's Birthplace: Ind.

Mother's Maiden Name: Annie M. Hooper — Mother's Birthplace: "

Name of person giving Imformation: Hannah Bradley — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tubrculosis — How long: 8 mos.

Immediate: ——— — How long: ———

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Carroll Eichelberger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Chestnut Hill — Town — Harford — County

Date of death 1904: Month: Aug. — Day: 9 — Age: Years: 64 yr — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Farmer

Name of Wife or Husband: Martha Eichelberger

Father's Name: Wm. Eichelberger — Father's Birthplace: unknown

Mother's Maiden Name: Henrietta Brown — Mother's Birthplace: Harford Co

Name of person giving In formation: Martha Eichelberger — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia — How long: 6 mos.

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Asz Hughes

Address: Gibson Harford Co.

Accident or Suicide?

LIBRARY BUREAU A88816

Hickory
aug 12-04

Name in Full

Alma Founds

Certificate of Death

Town: Cardiff County: Harford MARYLAND

Died at

Date 19[illegible] Month 8 Day 11 Age Y. 1 M. 6 D. Native of Md. ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name: Amer Founds Mother's Maiden Name: Henrietta [illegible]

Cause of Death — Primary: Entero - Colitis How long sick: One week

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by: S. F. Kelly M. D.

Address: Cardiff Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rlate Rej.
Today aug 2

Name in Full

Certificate of Death

Hugh B. Gibson

Died at Town: Havre de Grace County: Harford MARYLAND

Date 1904 Month: Aug Day: 22 | Age Y. 37 M. 2 D. | Native of Md | Occupation Fisherman

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living 4

Husband of / Wife

Father's Name James Gibson

Mother's Maiden Name

Cause of Death: Primary Intestinal Perforation

Immediate Peritonitis

How long sick 2 or 3 days

Accident, Suicide, Homicide

Reported by J. L. Hopkins

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Sharon — County: Harford

Date of death: 1904 Month: Aug. Day: 8th Age: Years — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Sharon,

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Charles Green, S. — Father's Birthplace: Harford Co

Mother's Maiden Name: Ida. Harris — Mother's Birthplace: " "

Name of person giving Imformation: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not known — How long:

Immediate: Still born — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oscar D. McNemar M.D.

Address: Jarrettsville Harford Co Md

Accident or Suicide? Natural

LIBRARY BUREAU A6331G

Name in Full: John H Hains

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dublin — County: Harford

Date of death 1907: Month: Aug — Day: 27 — Age: Years: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Lancaster Co Pa

Married, ~~Single or Widowed~~ — Occupation: Farmer

Name of Wife or Husband: Maggie Hains

Father's Name: Roman Hains — Father's Birthplace: Lancaster Co Pa

Mother's Maiden Name: Maria Hain — Mother's Birthplace: " "

Name of person giving information: Maggie Hains — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure — How long: Few minutes

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr F N Autten

Address: Churchville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A8857G

Name in Full Annie Alekerik

CERTIFICATE OF DEATH

MARYLAND

Died at Town Hardware County Harford

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month	Day	Years	Months	Days
	Aug	26	Age	15	16

Sex Girl | Color or Race White | Birthplace Bach.

Married, Single or Widowed | Occupation

Name of Wife or Husband

Father's Name Stefan Alekerik | Father's Birthplace Russia

Mother's Maiden Name Emma Alekerik | Mother's Birthplace "

Name of person giving In formetion Mr. Treadway. | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery Cholera Infantum | How long Two days

Immediate " | How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. H. E. Oltum

Address Hardware Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jennie Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Jarrettsville — County: Harford

Date of death 1904 — Month: August — Day: 20 — Years: Age 60? — Months — Days

Sex: Female — Color or Race: African — Birthplace: Maryland

Occupation: House work — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Jones — Father's Birthplace: Both Slaves to Mr Mrs Nelson, Harford Co

Mother's Maiden Name: Not Known — Mother's Birthplace

Name of person giving Imformation: Maggie Thomas — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sclerosis of the Kidney — How long: Three months

Immediate: Cardiac Weakness — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Oscar H O'C Neman M.D.

Address: Jarrettsville Harford Co

Accident or Suicide?

LIBRARY BUREAU A8851S

Name in Full: Mary Matilda Kelly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fallston; County: Harford

Date of death: Month: 8; Day: 27; 1904; Age: Years: 7; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Fallston

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Andrew J. Kelly; Father's Birthplace: Md.

Mother's Maiden Name: Mary Becker; Mother's Birthplace: Md

Name of person giving Imformation: Mrs Chas Becker; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Toxemia Poison; How long: 7 days

Immediate: Toxemia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Pinnell D. Hopkins

Address: Bel Air.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Vale — County: Harford

Date of death 1904 — Month: 8 — Day: 16 — Age — Years: Infant — Months: Few min — Days: —

Sex: Male — Color or Race: White — Birthplace: Vale

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

Father's Name: John Logue — Father's Birthplace: Pennsa

Mother's Maiden Name: Sarah Young — Mother's Birthplace: Vale

Name of person giving information: C A Fleming Smith — How related to deceased: Mgr

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Not developed — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: C A Fleming Smith

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rebecca Monroe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death: Month: Aug — Day: 6 — Years: 75 — Months — Days

Age

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Washing & Ironing — Where Residing if not at place of death: Bel Air

Married, Single or Widowed — Name of Wife or Husband: Hampton Monroe

Father's Name: Arch Smith — Father's Birthplace: Md

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation — How related to deceased

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of brain — How long: a year or more

Immediate: Apoplexy — How long: few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. F. Bantz Gibbs

Address: Bel Air

Accident or Suicide? No

Md.

LIBRARY BUREAU A8815

Michaelovitch

Name in Full — John Thos. Morgan — Certificate of Death

Died at — Town: Lewes — County: Harford — MARYLAND

Date 1904 — Month: Aug. — Day: 30 — Age: Y. — M. 1 — D. 15 — Native of Md — Occupation —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of —

Father's Name: Otis Morgan — Mother's Maiden Name: Annie Collins

Cause of Death — Primary: Premature birth — How long sick —

Immediate: Marasmus — Accident, Suicide, Homicide

Reported by: J L Hopkins

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Francis Murphy

Certificate of Death

Town

Died at Aberdeen

County

Harford

MARYLAND

1904

Date 189 | Month Aug | Day 19 | Age Y. 73 M. 6 D. — | Native of Md | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband / Wife of James F. Murphy

Father's Name Lydia Cooley

Mother's Name Don't Know

Cause of Death — Primary Supposed Heart Disease — How long sick 3 or 4 yrs

Immediate —

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

William Annis

Certificate of Death

Town: Annieville County: Harford MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Aug.	9	61	6	10	Maryland	Farmer.

Dete 1904,

Male yes / Female — White yes / Colored — Married yes / Single — Widow no / Widower — Divorced no. / Number of children living

Husband / Wife of Elizabeth G. Annis

Fether's Name Edward Annis Mother's Maiden Name Elizabeth Seitz

Cause of Death — Primary: Cancerkal Consumption How long sick: 3 yrs

Immediate

Accident, Suicide, Homicide

Reported by E. M. Free, M. D.

Address Stewartstown Pa.

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Rosa Peaco

Certificate of Death

Died at Berkley (Town) Harford (County) MARYLAND

Date 1964 Month 8 Day 28 | Age Y. 85 M. — D. — | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Old Age — How long sick

Immediate

~~Accident~~, Suicide, ~~Homicide~~

Reported by Anna Lawson. Ms physician

Address Berkley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Dora B Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel air; County: Harford

Date of death: Month: Aug. Day: 18th; Year: 1904

Age: Years: 25; Months: 7; Days: 15

Sex: Female; Color or Race: White; Birthplace: Harford Co. Md

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Chas W. Proctor; Father's Birthplace: Maryland

Mother's Maiden Name: Sophia E. Spencer; Mother's Birthplace: Maryland

Name of person giving Imformation: Burton Proctor; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: 3 weeks

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Hoa Redeman

Address: Bel Air Md

Accident or Suicide?

LIBRARY BUREAU A28516

Name in Full: Mary E Stephenson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lafadeum; County: Harford

Date of death: Month: Aug; Day: 30; Year: 1904

Age: Years: 72; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Harford Co

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widowed

Name of ~~Wife or~~ Husband: George Stephenson

Father's Name: Thomas E Scarborough

Father's Birthplace: Harford Co

Mother's Maiden Name: ~~X~~ Elizabeth Davis

Mother's Birthplace: " "

Name of person giving information: Angelia Spencer

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver — How long: several years

Immediate: Complications + Dropsy — How long: 6 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J L Hopkins

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A33818